

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

Name: Josh Gottheimer

Daytime Telephone: _____

FILER STATUS



New Member of or Candidate for U.S. House of Representatives State: NJ District: 05
Candidates - Date of Election: 06-2-16, 11-8-16



Check if Amendment



New Officer or Employee
Employing Office: _____

Period Covered: January 1, 2016 to May, 2016

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

(Office Use Only)

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:

- a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or
b. Make more than \$200 in unearned income from any reportable asset during the reporting period?

Yes ☒ No ☐

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

Yes ☒ No ☐

C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

Yes ☒ No ☐

F. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?

Yes ☐ No ☒

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Yes ☒ No ☐

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes ☒ No ☐

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes ☐ No ☒

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

MAY 16 2016 Page 1 of 40

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OFFICE OF THE CLERK

Page 6 of 40[illegible]

Page 3 of 40

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Page 4 of 40

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Page 5 of 40

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Josh Cothner

Page 6 of 40

BLOCK A		BLOCK B													BLOCK C								BLOCK D																								
Assets and/or Income Sources		Value of Asset													Type of Income								Amount of Income																								
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year												
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
	19 RBA-Sim Tech Inc		X																																												
	15 Still Financial Corp		X																																												
	15 Sigan Holdings Inc		X																																												
	15 Siquet Inc dba Can		X																																												
	15 Stogwell Inc Com		X																																												
	11 Sun Communities Inc		X																																												
	17 Texas Cap BDCSIS		X																																												
	17 Texas Health Hlps		X																																												
	17 Teco Co		X																																												
	15 Tumi Holdings Inc Can		X																																												
	15 Tupperware Brands Corp		X																																												
	15 Texas Roadhouse Inc		X																																												
	15 Tyler Tech Inc		X																																												
	17 Universal Forest Products		X																																												
	17 Webster Fincl Corp		X																																												

Page 7 of 40

Page 8 of 40

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Josh Cothner

Page 9 of 40

BLOCK A		BLOCK B													BLOCK C								BLOCK D																								
Assets and/or Income Sources		Value of Asset													Type of Income								Amount of Income																								
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year												
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
JT	AAA Group LTD		X												X								X																								
JT	AAA Liquide AB		X												X								X																								
JT	AAA Laval AB-UBSbus		X												X								X																								
JT	AAA Holdings PIC AB		X												X								X																								
JT	AAA COCO AKA AB		X												X								X																								
JT	ALLIANCE SE AB		X												X								X																								
JT	ADNEXER BUSCHUBER		X												X								X																								
JT	CONDUIT AS AB		X												X								X																								
JT	Canadian National Policy		X												X								X																								
JT	CSL LTD		X												X								X																								
JT	Dassault Systems SAS		X												X								X																								
JT	DGS Group Holdings LTD		X												X								X																								
JT	FAME Corp. unsp AB		X												X								X																								
JT	Fresenius Medical Care		X												X								X																								
JT	Fuchs Petroleum AG		X												X								X																								

Page 10 of 40

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Page 11 of 40

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Page 12 of 40

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Page 13 of 40

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Page 14 of 40[illegible]

Name: Josh Gottheimer

Page 15 of 70[illegible]

Page 16 of 40

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Page 17 of 40

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Page 18 of 40

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Josh Cothner

Page 19 of 40

BLOCK A		BLOCK B													BLOCK C								BLOCK D																							
Assets and/or Income Sources		Value of Asset													Type of Income								Amount of Income																							
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Current Year												Preceding Year												
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*								I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
	Cognizant Inst Sthrs																																													
	CVS Health Corp Com																																													
	Delta Air Lines Inc																																													
	Delphi Automotive PLC																																													
	Esco Global Inc																																													
	Facebook Inc Cl A																																													
	Genent Sciences																																													
	Alphabet Inc Cl C																																													
	Home Depot Inc																																													
	Haystack Intl Inc																																													
	Intercontinental Exchange																																													
	Illumin Inc																																													
	Lucy Corp																																													
	Intuitive Surgical Inc																																													
	Johnson + Johnson																																													

Page 20 of 40

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Page 22 of 40

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Page 23 of 40

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Page 25 of 40

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Page 26 of 40

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Page 27 of 40

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Page 22 of 40

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Page 29 of 40

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Josh Bertheimer

Page 30 of 40

BLOCK A		BLOCK B													BLOCK C								BLOCK D																							
Assets and/or Income Sources		Value of Asset													Type of Income								Amount of Income																							
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
	Retire Savings Trust II		X																		X																									
	Winged Target Retire 2005					X															X																									
	7th Flr 401k CL 50% Gr				X																X																									
	Thrive Inst Sav Cp Stock				X																X																									
	Flexion Int'l Int				X																X																									
	Winged Target Retire 2002			X																	X																									

Page 31 of 40

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Page 27 of 40

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Page 34 of 70

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Page 35 of 40

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SCHEDULE D - LIABILITIES

Name: Tosh Gotheimer

Page 32 of 40

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
SP	Access Group, Inc.	8/01	Student loan		X									
JT	Wells Fargo	5/06	Mortgage on Rental Property Washington, DC					X						

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Board Member	Everyone On
Chairman	Jersey On
Board Member	The Teaching Company

SCHEDULE F – AGREEMENTS

Name: Josh Gettheimer

Page 38 of 40

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	Portico Policy Advisers, Washington, DC	Consulting Services
	The Stewart Group, Washington, DC	Consulting Services

FILER NOTES
(Optional)

Name: Tosh Gerthimer Page 35 of 40

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FILER NOTES
(Optional)

Name: Josh Cothreiner

Page 40 of 40[illegible]

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